Work Order ID 61625

Monday, August 30, 2010 2:25:11 PM

Item ID: DSI 9052-011 **Accept** **Setup Start**

Revision ID:

Item Name: Basket Quick Release **Stop**

Start Date: 8/30/2010 **Start Qty:** 4.00 **Cust Item ID:**

Required Date: 9/6/2010 **Req'd Qty:** 4.00 **Customer:**

Reference:

Approvals: **Process Plan:** H **Date:** 10-8-2 **Tooling:** _____ **Date:** _____ **Run Start**

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____ **Stop**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	**Revision Nbr**								
DSI 9052	Rev D ← Authorized kit.								
100	DOCUMENT CONTROL	0.00							
DC	**Memo**	0.00							
Document Control	Photocopy bluefile & type labels per PPP 9052-011 CHG001								
110	Pick Kit	0.00							
Packaging	**Memo**	0.00							
Packaging									
120	QC4- 100% Inspect kits for completeness	0.00							
QC	**Memo**	0.00							
Quality Control									

H for BG 10-09-02 PC

10/9/02

4 10-05-02

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W/O: 61625	WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector
10-05-02	W/O Dwg Box	DSI 9052 is @ Rev. E. update dwg box perm change		10.09.03		100902	100502

Part No: DSI 9052-011 **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

Work Order ID 61625

Monday, August 30, 2010 2:25:11 PM

Item ID: DSI 9052-011 **Accept** **Setup Start**

Revision ID: **Stop**

Item Name: Basket Quick Release

Start Date: 8/30/2010 **Start Qty:** 4.00 **Cust Item ID:**

Required Date: 9/6/2010 **Req'd Qty:** 4.00 **Customer:**

Reference:

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____ **Run Start**

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____ **Stop**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Packaging	0.00							
Packaging									
	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D9052-011 ☐Location:_____								
	NEVA								
140	QC21- Final Inspection - Work Order Release	0.00							
QC	**Memo**	0.00							
Quality Control									

10/9/02

10/09/03

CL 10/9/02

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

Picklist Print

Monday, August 30, 2010 2:25:15 PM

Work Order ID: 61625

Parent Item: DSI 9052-011

Parent Item Name: Basket Quick Release

Start Date: 8/30/2010 **Required Date:** 9/6/2010

Start Qty: 4.00 **Required Qty:** 4.00

Comments: IPP: A□04.05.17□New issue□KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
BLRS-010 Pip Pin		Purchased	No			120	Each	21.0000	4	16		10/9/2 (1)	

Location	Loc Qty	Loc Code
ST283	21	
115004	1	
115519	20	

115004 4 14
M115519

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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